

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS641HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/29/2009
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 EAST FLAMINGO ROAD LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on July 13, 2009 and finalized on July 29, 2009, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00022268 was substantiated with deficiencies cited. See Tag S 298.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 298 SS=D	<p>NAC 449.361 Nursing Service</p> <p>9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure a safe and orderly discharge for a patient (Patient #1) as follows:</p>	S 298		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 298	Continued From page 1 1. On 6/9/09 at 10:15 PM the patient was discharged with a taxi voucher to a group home. 2. The voucher had the wrong name of the group home. 3. The patient arrived at the wrong group home at 11:00 PM. The patient was then sent by taxi to the correct group home. 4. The facility failed to notify either group home that the resident was on his way.	S 298			

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